

RECORDS TRANSMITTAL AND RECEIPT					Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.				PAGE 1	OF PAGES		
1. TO <i>(Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)</i> Federal Records Center					5. FROM <i>(Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address)</i>							
2. AGENCY TRANSFER AUTHORIZATION		TRANSFERRING AGENCY OFFICIAL <i>(Signature and title)</i>			DATE							
3. AGENCY CONTACT		TRANSFERRING AGENCY LIAISON OFFICIAL <i>(Name, office and telephone No.)</i>										
4. RECORDS CENTER RECEIPT		RECORDS RECEIVED BY <i>(Signature and title)</i>			DATE							
6. RECORDS DATA												
ACCESSION NUMBER			VOLUME <i>(cu. ft.)</i> (d)	AGENCY BOX NUMBERS (e)	SERIES DESCRIPTION <i>(With inclusive dates of records)</i> (f)	RESTRICTION (g)	DISPOSAL AUTHORITY <i>(Schedule and item number)</i> (h)	DISPOSAL DATE (i)	COMPLETED BY RECORDS CENTER			
RG (a)	FY (b)	NUMBER (c)							LOCATION (j)	SHELF PLAN (k)	CONT. TYPE (l)	AUTO. DISP. (m)